

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040940

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 135

STATE FILE NUMBER

FILED OCT 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Annada	
Length of stay in 1b 20 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If outside, give location) R.F.D.	
3. NAME OF DECEASED (Type or print) First Anna Middle Dorothy Last Meuth		4. DATE OF DEATH Month Oct. Day 15 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/16
9. AGE (last birthday) 46		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Taylor		13b. MOTHER'S MAIDEN NAME Theresa Fromm	
14. NAME OF HUSBAND OR WIFE Henry Meuth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. 350		17. INFORMANT Henry Meuth, R.F.D. Annada, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Coronaromatosis DUE TO (b) Coronoma of Left Breast DUE TO (c) 4 yrs		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2/20/61 to 10/15/63 and last saw her alive on 10/15/63 Death occurred at 12:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas H. Luellen (Degree or title)		22b. ADDRESS M.D. 122 S.3rd St. Louisiana, Mo.	
22c. DATE SIGNED 10/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
23d. LOCATION (City, town, or county) Elsherry, Missouri			
24. FUNERAL DIRECTOR Miller Funeral Home, Elsherry, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-63	
26. REGISTRAR'S SIGNATURE Bernice Collins			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo M. Collier

Licensed Embalmer No.

3839

P. O. Address

Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

Embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.